## **VEHICLE / DRIVER RECORD INFORMATION REQUEST**

MV2896 3/2002 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.

NOTE: This form may be photocopied for future use.

This form is also available in .pdf format on the DOT website at www.dot.state.wi.us/dmv/records.html.

This request must be completed before information about a Wisconsin vehicle/driver record can be obtained. Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A - Requester Information											
			DMV Agency Code/Account # - If Applicable		Area Code-Telephone 7:00 a.m 4:30 p.m.						
Name - Person Co	empleting This Form				Area Code-Telephone #						
Street Address			City		State	Zip Code					
Mailing Address (If Different from Above)			City	State	Zip Code						
Section B - R	ecord Information F	Request - Complete if re	questing individual driver/vehicle	records only.	This is not f	or DMV acco	ount ho	olders .			
I (we) request the following record information:											
Driver License Record Information - Please complete the following information for each individual driver record that you are requesting.											
1	on about whom record(s)	are being requested	Wisconsin Driver License Number			Birth Date					
1											
2											
Motor Vehicle Record Information - Please explain request in Comments area below.											
Note: If y	ou request the history of	all owners, an additional of	charge of \$5 per owner will be as:	sessed.		1					
Vehicle Year	Make	Vehicle Iden	ntification Number Curre		ate No.	Information Requested					
				or Dis	ID No.	Current Owner	or	History of All Owners			
1							or				
2							or				
3							or				
Comments - Plea	se he specific when describ	ng vour request for example	lien information, a complete history, cu	irrent owner on	v etc						
Comments - Please be specific when describing your request, for example, lien information, a complete history, current owner only, etc.											
Section C - A	uthorization - Please	check the statement below	w that allows you authorization to	obtain perso	nal informatio	on. Sign certi	ficatio	n.			
I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:											
1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.  (a) I am requesting a copy of my own record.  (b) I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.  (c) I am requesting the record of another person and have attached their written consent.											
2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, The Motor Vehicle Information and Cost Saving Act, The National Traffic and Motor Vehicle Safety Act of 1966, the Anti-Car Theft Act of 1992, and the Clean Air Act.											

Please sign on the reverse side.

	3.	A government agency (federal, state, or local) or employed by such, for the purpose of the government agency to carry out its functions.									
	4.	A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.									
	5.	A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.									
	6.	vehicle/driving record being a. Verify accuracy of the pe	epresentative, agent, contractor, or employed by such, of a legitimate business and the g record being requested will be used for normal course of business, but only to: curacy of the personal information; orrect information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a								
	7.	Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.									
	8.	Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.									
	9.	<ol> <li>Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:         <ol> <li>Claims investigation;</li> <li>Anti-fraud activities;</li> <li>Rating or underwriting.</li> </ol> </li> </ol>									
	10.	10. Authorized for use in providing notice to the owners of towed or impounded vehicles.									
	11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.										
	12.	Authorized as an employer, of a commercial driver licens	or its agent or insurer for use in obtainin se (CDL).	g or veri	fying information relating to a holder						
	13.	Authorized representative or	owner of a private toll transportation fac	cility for u	use in the operation of the facility.						
of the obtain	Fed ned f	deral Driver's Privacy Protect from these records for a purp	tatements on this request are true and cion Act and understand that the willful, ose other than stated on this request, o not disclosed in this request may result	unauthor r the sale	rized disclosure of information e or other distribution of the						
		<u>X</u>	/Poquostar Cignatura		(Data Signed)						
(Requester Signature) (Date Signed)  Fees:  \$5.00 per driver record; \$5 per vehicle or DisID record; \$0.25 per photocopy An additional fee of \$5.00 is required for certification of documents.  Make check or money order payable to: Registration Fee Trust											
<b>NOTE:</b> Incomplete or incorrect information provided in section "B" may result in an additional \$5 fee per driver record, and \$5 fee per vehicle or DisID record.											
Mail			Waltista Bassada Osatia	0.5	Driver December Continu						
(Attach completed request and fee)			Vehicle Records Section Wisconsin Department of Transportation	OR	Driver Records Section Wisconsin Department of Transportation						
(If requesting both vehicle and driver records, mail to either location)			PO Box 7911 Madison W I 53707-7911		PO Box 7995 Madison W I 53707-7995						

Please attach a stamped, self-addressed envelope for return of the requested information.